



STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 Telephone: (860) 713-6155
 WebSite: www.state.ct.us/dcp/

APPLICATION FOR BOXING LICENSE

INSTRUCTIONS:

This form must be completed by the individual applying for licensure. This application **must be accompanied by a check or money order** for the appropriate license fee, made payable to: "Treasurer, State of Connecticut".

➔ Return your completed application, appropriate fee and one (1) 2" x 2" recent color photo to:
Department of Consumer Protection, Licenses Services Division, 165 Capitol Avenue, Hartford, CT 06106

Please check (3) the type of license you are applying for: (license fee for each type as noted)

- ☐ **PROFESSIONAL BOXER (\$15.00)**
 ☐ **MANAGER (\$65.00)**
 ☐ **SECOND (\$15.00)**
 ☐ **REFEREE (\$65.00)**
☐ **JUDGE (\$65.00)**
 ☐ **MATCHMAKER (\$65.00)**
 ☐ **TIMEKEEPER (\$15.00)**
 ☐ **ANNOUNCER (\$15.00)**

Applicant's Full Name (First Name, Middle Initial, Last Name)						Social Security Number	
Street Address				City		State	Zip Code
Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Birth	Place of Birth	Age	Sex	Height	Weight	Marital Status
Telephone Number (w/ area code)	Business or Profession		Employer				
Have you ever been convicted of a crime other than traffic violations? If YES, please state the facts (attach an additional sheet if necessary) <input type="checkbox"/> YES <input type="checkbox"/> NO							
Are you on Parole or Probation? If YES, please state the facts (attach an additional sheet if necessary) <input type="checkbox"/> YES <input type="checkbox"/> NO							
Have you ever had a license revoked or suspended by any athletic commission? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, attach a statement of the facts)				Do you currently hold any valid licenses issued by any athletic commission? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please attach a copy of the license.			
Have you any financial interest in any club conducting boxing contacts in this state? <input type="checkbox"/> YES <input type="checkbox"/> NO				Are you now or have you ever been licensed by the A.A.U., USA/ABF? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give license number _____			
State Experience and Qualifications (for the position which you are applying)							
Amateur Experience							
Professional Experience							

To be answered by **PROFESSIONAL BOXER** applicants **only**:

Do you have any physical defects? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe:		What is the DATE of your LAST Medical Exam?	
Name your Chief Second (Trainer):	Training Site (Establishment Name, Address, Telephone Number)		How often do you train?
Do you have a manager? <input type="checkbox"/> YES <input type="checkbox"/> NO Name: _____		Have you signed a contract with him/her? <input type="checkbox"/> YES <input type="checkbox"/> NO	

To be completed by persons applying for **MANAGER's** license **only**:

➤Note: Copies of all contracts with Professional Boxers under your management must be submitted with this application. Failure on the part of the manager to promptly notify this Department of any additional or new contracts with Professional Boxers within the terms of this license may result in suspension or revocation of their license.

Name and Address of all boxers under your control: (Amateur or Professional)	Name of boxers <u>previously</u> under your control:
Were you ever a professional Boxer? <input type="checkbox"/> YES <input type="checkbox"/> NO Ring Name:	Was any Boxer under your management ever disqualified in a ring contest for any cause? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach letter of explanation

If you are applying as a **PROFESSIONAL BOXER**:

In order to obtain a license all boxers shall submit to a thorough medical examination by a physician licensed to practice in this state for at least two years, or in the case of an out-of-state boxer, a physician approved by the boxing authority in his state. The examination shall include a complete medical history including the following: Computerized Axial Tomography Scan (Cat-Scan); electroencephalogram examination (EEG); neurological examination; ophthalmological examination conducted by a duly licensed ophthalmologist; serological examination; urine analysis; and any other test or examination that the medical advisory board deems appropriate.

If you are applying as a **REFEREE**:

Prior to obtaining a license to referee, the applicant shall undergo the same examination that is required for a boxer.

If you are applying as a **SECOND**:

Prior to obtaining a license as a second, you must submit a recommendation from a licensed manager, matchmaker or promoter and/or such other proof as the commissioner or his representative may require.

If you are applying as a **JUDGE**:

Prior to obtaining a license to judge, you must undergo an ophthalmological examination and show that your vision is at least 20/40 either with or without eyeglasses.

REFERENCES: (Three (3) persons must be listed)		
Name	Address	Telephone Number
Name	Address	Telephone Number
Name	Address	Telephone Number

General Release and Affirmation

I hereby authorize the Department of Consumer Protection or any persons duly designated by them, to:

1. Obtain complete copies of my medical, dental, psychiatric, and psychological records from all doctors, dentists, psychiatrists, clinics, psychologists and hospitals concerning any examinations, diagnoses, treatments or hospitalizations that I may have undergone;
2. To obtain all copies, if any, of my criminal records;
3. To obtain any other information concerning me for the purpose of granting me a license;
4. To obtain all records concerning myself from any federal, state or town agency;
5. To release all records concerning myself to any other state or local boxing licensing authority that I have applied to for a boxing license.

I subscribe and affirm under the penalties of perjury, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of Applicant _____

Date _____